

# Exchange of information and communication

[Sociology](#), [Communication](#)



Participants indicated that communication and the exchange of information between doctor and patient regarding the management of diabetes was inadequate and poor. It was frequently stated that doctors simply did not have enough time to sit down and patiently explain the disease, its complications, its treatment and management. Some noted that their doctor did not spend enough time explaining the treatment, its implications or the consequences of non-compliance. Unfortunately, the participants of the study felt imposed upon when told they must do something without being given reasons as to why they should do so.

They just say you have diabetes, take the tablets that is it. I want to talk to my doctor, but does he have time? I tell him the tablets are giving me headaches, so can I cut it. He is so busy you feel you cannot talk to him.

(Male, age 60)

When I visit my doctor for checkup, it took him maximum 15 minutes for all the consultation session, as there is more than 10 patients waiting outside without mentioning the medical representative that took more time than we did. (Female, age 60)

What is the importance of checking my glucose levels and recording them, the doctor never told me about it. He did not have enough time to discuss it with me, he just say do this and that but never why to do it. (Male, age 57)

### **Patient Involvement, empowerment and support:**

The statements declared by the patients reveal that the majority of the participants were not involved in their care plan and lacked understanding of the suggested diet and treatment related guidelines. Only a few participants

said that they could follow the instructions of the doctor and were able to manage the disease. Some explained that their lack of education on diabetes made treatment and management less effective as they did not understand the mechanisms behind the disease. Participants did not state if other family members were included or invited to be part of the management plan; however, they did mention that when family members were involved, their health management was much easier.

Sometimes I have to be hospitalized, but my family are great and they help me out in many ways. (Male, age 62)

I already said that one of the important needs at my level for self-management of my diabetes is education. I feel my need for being educated about the disease. Rather than simple advice of exercise, diet, medicines, and side effects of these medications, I often felt that most of these treatments are imposed on me. I also feel that I could do better in terms of food if my doctor would involve me in the diet plan based on my choices. (Male, age 48)

I wanted to take care of myself, and it would be good if I can make my own decisions. They do not ever discuss or involve me in my care. They say do not walk barefoot, but does not tell me why. Ask me to control diet, does not tell what to eat. (Female, age 56)

I do not know how to control myself, I took the medications at any time, just when I remember that, and some days I missed to take them. I think I need the support of somebody to do this. (Female, age 60)

The family can either help or make things more difficult. My daughter is always worried with me and she is always saying “ eat this, don’t eat that”. My husband is the opposite, always telling me to taste this and that.

(Female, 52)